

# A question of balance

One of the unintended consequences of Shipman's notorious activities has been the reduction in the number of single-handed GP practices. Doctors working in isolation, accountable to no one but themselves, are now perceived to present a risk to patients. So the move to gather more and more GPs and services under one roof, reconfirmed last weekend with health minister Lord Darzi again arguing for polyclinics to

## Impact assessments should be mandatory if a polyclinic is planned

be established all over England, should have been welcomed. However, a number of patient and professional groups, including the Royal Pharmaceutical Society, have reacted negatively.

The Society argues that aggregating local health services into polyclinics could put at risk the public's access to local pharmacies (since, presumably, business will be sucked away and their viability threatened). As the Society points out, 99 per cent of the population in

England can reach a pharmacy by car, on foot or by public transport within 20 minutes. The Society wants impact assessments to be mandatory if a polyclinic is planned so that local communities are able to understand the effects of any change.

GPs are concerned that working with as many as 25 other GPs will undermine the long-term relationships that patients are able to develop with a family doctor. And some clinicians are concerned that moving specialist services from hospitals to clinics have not worked in the past and are not cost-effective use of a clinician's time. The specialist will see far fewer patients in a clinic based at a polyclinic — serving a population of 50,000 — than in a hospital with a much larger catchment area.

All these criticisms are valid, but *The Journal* wonders whether, in some circumstances, polyclinics will provide better access to health care for many patients. Single-handed practitioners tend to be limited in the range of services they offer since they are likely to be restricted by space or staff available. Patients, in these cases, can rely on these doctors for most of their care but when they become seriously or chronically ill, particularly when treatment is more technologically based, they may end up having to spend much more than 20 minutes travelling for appropriate care, when they are least able to manage it.

The question is one of balance: if patients will benefit from polyclinics they will have a place in the health service; and there will be occasions where single-handed practitioners and the supporting network are better for the health of a community. There should be room for both.

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